

# International Association of Arson Investigators Renewal Application for Certified Instructor Designation (IAAI-CI)

| AAI Member No.:                             |                               |               | Date: st the staff in processing the application. |                   |  |  |
|---------------------------------------------|-------------------------------|---------------|---------------------------------------------------|-------------------|--|--|
| •                                           | Fi                            |               | ·                                                 |                   |  |  |
| Company:                                    |                               |               | _                                                 |                   |  |  |
| Address:                                    |                               |               | Home [                                            | Work ☐ Apt. No.:  |  |  |
| City:                                       | Sta                           | ate <u>:</u>  | Country:                                          | Zip:              |  |  |
| Phone/Cell:                                 | Email/CFITrai                 | ner.net useri | name:                                             |                   |  |  |
| Renewal Application I                       | Fee:                          |               |                                                   |                   |  |  |
| IAAI Member: \$125<br>Non-member: \$375     |                               |               |                                                   |                   |  |  |
| <b>Work Experience (ea</b><br>5 points/year | arned over the past 3         | <u>vears)</u> | Total                                             | Work Exp. Points: |  |  |
| Current Employer:                           |                               |               |                                                   |                   |  |  |
| Position                                    |                               |               |                                                   |                   |  |  |
| Address:                                    |                               |               |                                                   |                   |  |  |
| Phone:                                      | Supervisor:                   |               |                                                   |                   |  |  |
| Years of Experience                         | Dates:<br>From:               | То:           |                                                   |                   |  |  |
| Letter from Employer must                   | t be attached                 |               |                                                   |                   |  |  |
| Previous Employer:                          |                               |               |                                                   |                   |  |  |
| Position                                    |                               |               |                                                   |                   |  |  |
| Address:                                    |                               |               |                                                   |                   |  |  |
| Phone:                                      | Supervisor:                   |               |                                                   |                   |  |  |
| Years of Experience                         | Dates:<br>From:               | То:           |                                                   |                   |  |  |
| I attor from Employer much                  | t ha attached (if applicable) |               |                                                   |                   |  |  |

| Training Points (Minimum 48 points):  Please provide information regarding the training courses that you are submitting in support of your renewal application for the Certified Instructor Program documenting a minimum of 48 points. Supporting documentation can either be contained in a transcript or on a course certificate. All training courses submitted as part of this application (except Instructor Course) must be tested training and must have been attended in the past three years (3). Claim 1 point per hour of tested training. |                   |              |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|--|--|--|
| Course Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date              | Hours/Points |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |
| То                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tal Hours/Points: |              |  |  |  |
| Training Certificates attached?  Training Transcripts attached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |  |  |  |

IAAI Certified Instructor Application (last name):

| IAAI Certified Instructor Application (last name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                 |            |        |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|------------|--------|--|--|
| Practical Teaching Experience/Coordination Point (Minimum 24 points):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                 |            |        |  |  |
| Please provide supporting information documenting a total minimum of 24 points of practical teaching experience and training coordination (average of 8 instructional hours required per annum.) Supporting documentation should consist of letters of reference or letters of appreciation issued by the host agency. The letters and/or certificates should clearly indicate the number of hours of training presented or coordinated. All training courses submitted as part of this application must have occurred within the past three (3) years. Claim one (1) point per hour of instruction/presentation and ½ point per hour of training coordinated. |      |                 |            |        |  |  |
| Course Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date | I (1pt/hr)      | Hours      | Points |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | C/F (.5 pts/hr) |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | l<br>Tot        | al Points: |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                 |            |        |  |  |
| Reference Letters attached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                 |            |        |  |  |

Revised: 10/19/2022

| IAAI Certified Instructor Application (last name): |  |  |  |  |  |
|----------------------------------------------------|--|--|--|--|--|
| Additional Information:                            |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |
|                                                    |  |  |  |  |  |

| IAAI Certified Instructor Application (la | ast name): |
|-------------------------------------------|------------|
|-------------------------------------------|------------|

## References Points (Minimum of 10 points):

Please provide the name and contact information of two references for which you have provided instructional services during the three years immediately preceding this application. A copy of the evaluation form will be provided directly to the references by IAAI Staff and will subsequently be returned by the reference directly to the IAAI Office. Assessment results returned by the references will remain confidential. (See Manual-Appendix B) These assessments have a combined maximum point value of 20 points with a minimum point requirement of 10 points.

| Email Address: |               | Phone Number: |             |  |
|----------------|---------------|---------------|-------------|--|
|                |               |               |             |  |
|                |               |               |             |  |
| State:         |               | Zip:          |             |  |
| date):         |               |               |             |  |
|                |               |               |             |  |
|                |               |               |             |  |
|                |               |               |             |  |
|                |               |               |             |  |
|                |               |               |             |  |
|                | Phone Number: |               |             |  |
|                | Phone Number: |               |             |  |
|                | Phone Number: |               |             |  |
|                | State:        | State:        | State: Zip: |  |

Revised: 10/19/2022

### IAAI Certified Instructor Application (last name):

#### Points Calculation

|                                                                | Min. Points | Points |  |  |
|----------------------------------------------------------------|-------------|--------|--|--|
| Work Experience Points                                         | 7.5         |        |  |  |
| Training Points                                                | 48          |        |  |  |
| Practical Teaching Experience/Coordination/Facilitation Points | 24          |        |  |  |
| Reference Points                                               | 10          |        |  |  |
| Total Points (Minimum 89.5 points)                             |             |        |  |  |

Additional information regarding point calculations can be found in the IAAI-CI Program Manual.

By submitting this application to the International Association of Arson Investigators, either through mail or electronic communications, the applicant certifies the information to be true and correct to the best of their knowledge and certifies that they have read and understand the program requirements. For electronic submissions, the accompanying e-mail will be considered as the applicant's signature and certification of the application. The intentional submission of false information as part of this application will be cause for immediate rejection of the application and potentially subject the applicant to other penalties, including removal of IAAI member benefits.

Name Signature Date

Submit application, supporting documentation and credit card payment to <a href="IAAI-Cl@firearson.com">IAAI-Cl@firearson.com</a> as one complete PDF document.

An invoice will be created for applications received without credit card payment. The invoice can be paid online in your profile, by calling the IAAI office or by mailing a check payable to IAAI.

Send to:

IAAI 2331 Rock Spring Road Forest Hill, Maryland 21050

Application will be processed once payment is received.

Please contact our office if you have any questions. IAAI-CI@firearson.com or 410-451-3473

# International Association of Arson Investigators, Inc.

2331 Rock Spring Rd. Forest Hill, MD 21050 Phone: (410) 451-FIRE (3473)



## IAAI-Certified Instructor Credit Card Payment

| Date:                                     |          |             |      |  |  |
|-------------------------------------------|----------|-------------|------|--|--|
| IAAI Member Renewal Application Fee-\$125 |          |             |      |  |  |
| Non-member Renewal Application Fee-\$375  |          |             |      |  |  |
| Amount to charge:                         |          |             |      |  |  |
| Card type (Visa, Master Card, AMEX) =     |          |             |      |  |  |
| Name on Card:                             |          |             |      |  |  |
| Card Number:                              |          |             |      |  |  |
| Exp. Date:                                |          | Security Co | de:  |  |  |
| Billing Address:                          |          |             |      |  |  |
| City:                                     | St/Prov: |             | Zip: |  |  |
| Country:                                  |          |             |      |  |  |
| Contact Phone Number:                     |          |             |      |  |  |
| IAAI Member ID #:                         |          |             |      |  |  |
|                                           |          |             |      |  |  |
| Notes:                                    |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |
|                                           |          |             |      |  |  |